RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: Southern MD Youth Homes, Inc.

Licensing Agency: DHS Contracting Agency(s): DHS

Program Administrator: Kathleen Fitzsimmons Certification # A00013 Exp. Date: 12/31/19

Type of Inspection: Quarterly

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>License Capacity</th>
<th>DHR Contract Limit</th>
<th>License# / Exp. date</th>
<th>Date of site Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sodus #1</td>
<td>Male</td>
<td>14-18</td>
<td>8</td>
<td>8</td>
<td>#00570 8/6/20</td>
<td>11/28/18</td>
</tr>
<tr>
<td>Sodus #2</td>
<td>Female</td>
<td>14-18</td>
<td>7</td>
<td>7</td>
<td>#00569 8/6/20</td>
<td>11/28/18</td>
</tr>
</tbody>
</table>

Inspection Summary

Number of Records Reviewed: Youth 0 Staff 0

Number of Interviews: Youth 2 Staff 0

Physical Plant Inspection: Approved

Current COMAR Violation: Yes X No

If Yes, list Cited Violation(s) below:

<table>
<thead>
<tr>
<th>Violation(s)</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.31.06.10D</td>
<td>2 residents did not have winter coats.</td>
</tr>
</tbody>
</table>

Corrective Action Plan: Yes X No If yes, date of CAP: 11/28/18

Any Violations During Mid or Re-Licensure Periods: Yes ___ No ___ NA ___

If Yes See Report(s) Date(s):

Complaint Outcome: N/A

Current Status of License: Continued

Licensing Coordinator: Odetta Bulluck Date: 12/6/18 Email: Odetta.squire-bulluck@maryland.gov

Program Manager: Andre Thomas Date: 12/7/18 Email: Andre.thomas@maryland.gov